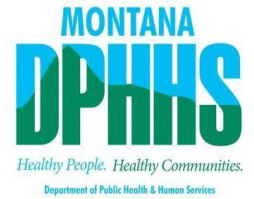




Hearing & CCHD Reporting in HiTrack

Children's Special Health Services
Department of Public Health and Human Services



Login Page

HI*TRACK
Successful Hearing Screening Tracking and Data Management

some babies are born listeners...
...others need our help

Reliable
Affordable
Convenient
State-of-the-art

sign in ...

username:
password: **Start**

About and Legal Information
Version: 4.6.0 Build Date: 1/23/2015 2:20:28 PM (C) 2004 - 2015 HPTRACK, Utah State University

User names and passwords are assigned by Jessica. These are unique to each user to maintain data security and privacy.

If you have any difficulties with the website, contact the NCHAM helpdesk at 435-797-3584. They are very helpful and will get back to you quickly if you have to leave a message!



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Baby Data

All Folders

No Action

Action Needed

Baby

Medical ID: 123456

Birth Date: 10/7/2014

Birth Facility: THE BIRTH CENTER

Name-Last: Test

Time: 00 : 00

Nursery: [blank]

First: Baby

Order: S-Single

Location:

Middle:

Weight:

Grams

Gender: [blank]

Insurance: [blank]

Gestational Age:

Physician: [blank]

Race: [blank]

ICU Days:

Alt. ID:

Deceased: ☐

Notes:

Primary Contact

Name-Last: Test

Address: 123 Main St

Phone:

First: Mom

Ph 2:

Middle:

Email:

Med Id:

City/State/Zip: Missoula MT 55555

County:

Birth Mother: ☒

Birthdate:

Language: [blank]

Title/Suffix:

Race: [blank]

Gender: -Blank-

Education: [blank]

Ethnicity: [blank]

Deceased: ☐

Save

Enter a new baby. Make sure to include as much information as possible here!

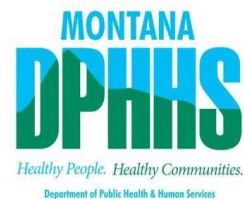
- Baby first and last name
- DOB
- Physician name
- Mother first and last name
- Address and phone number
 - especially important for babies that do not pass hearing or CCHD screenings

Save.



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Hearing Screening Results

Screening Tests for Test, Baby

Facility: THE BIRTH CENTER Letters Reports Merge Tools Settings Log Out User: ca424 10/7/2014

All Folders No Action
Action Needed

Test, Baby
Medical ID: 123456
Birthdate: 10/7/2014
Action: Need Inpatient Screening
Status: In Progress

Record Overview
Tracking Options
Demographics | Contacts
Screening

Risk Indicators
Diagnostics | Manage
Hearing Disposition | A-grams
Amplification
EI Services

Letters
Transfer
Recommended Actions:
Manage

Messages:
Milestones: --

New Screening Result
Stage: Inpatient Type: DPOAE Facility: THE BIRTH CENTER
Date: 10/7/2014 Time: 00:00
Result: [blank] Screener: [blank] Equipment ID: [blank]
Right: [blank] Left: [blank] Source: [blank]
Apply Save

Screening History
Click on a Date to Edit or Delete a result:

Test Date	Type	Side	Result	Screener	Facility	Stage
10/7/2014 12:00:00 AM	DPOAE	Right	Pass		THE BIRTH CENTER	Inpatient
10/7/2014 12:00:00 AM	DPOAE	Left	Pass		THE BIRTH CENTER	Inpatient

Most Conclusive Results

Method	Result	Type	Date

Override ICDs

Enter the screening date and left/right ear results. Apply, and then Save.



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Notes Section

The screenshot displays the HiTrack software interface for a baby's record. On the left, a sidebar titled 'Test, Baby' shows various navigation links: 'Record Overview', 'Tracking Options', 'Demographics | Contacts' (circled in red), 'Risk Indicators', 'Diagnostics | Manage', 'Hearing Disposition | A-grams', 'Amplification', 'EI Services', 'Letters', and 'Transfer'. Below these are 'Recommended Actions' (Manage) and 'Messages' (Milestones: 0/-, Inactive record. Use Tracking Options to re-activate this record.). The main area shows the 'Baby' section with fields for Medical ID (123456), Birth Date (10/7/2014), Birth Facility (THE BIRTH CENTER), Name-Last (Test), Time (00:00), Nursery ([blank]), First (Baby), Order (S-Single), Location ([blank]), Middle ([blank]), Weight ([blank] Grams), Gender ([blank]), Insurance ([blank]), Gestational Age ([blank]), Physician ([blank]), Race ([blank]), ICU Days ([blank]), Alt. ID ([blank]), Deceased ([checkbox]), and Notes (Click here to add notes). Below this is the 'Primary Contact' section with fields for Name-Last (Test), Address (123 Main St), Phone ([blank]), First (Mom), Middle ([blank]), Med Id ([blank]), City/State/Zip (Missoula MT 55555), County ([blank]), Birth Mother ([checkbox]), Birthdate ([blank]), Language ([blank]), Title/Suffix ([blank]), Race ([blank]), Gender (-Blank-), Education ([blank]), Ethnicity ([blank]), and Deceased ([checkbox]). A 'Save' button is at the bottom right. A large blue arrow points to the 'Notes' field.

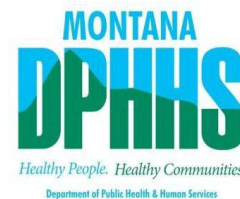
After saving, go to the “Demographics” page of the baby’s record.

Click on the yellow area of this page, the ‘Notes’ section.



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CCHD Results

https://hitrack.hhs.mt.gov/?mode=baby - Add/Edit Notes - Windows Internet Explorer

Notes for Test, Baby

New Entry

Type: [Baby Note]

Value: [Baby Note]
CCHD Screening
CCHD Notes

Save Cancel Close

There are three types of notes you can enter here.

1. **Baby Note:** This is a great place to enter any information on this baby that you want the Hearing Screening Program to know. If the baby did not pass screening and there is a follow up appointment scheduled, or if the baby is going to see an audiologist for further evaluation, let us know!
2. **CCHD Screening:** There are four choices for CCHD results.
 - **Pass** if the baby passed screening
 - **Fail** if the baby failed screening
PLUS complete the Failed Screening Form and fax to State Newborn Screening Program
 - **Not Screened** if the baby was not screened for some reason
 - **Refused** if the baby's family refused screening
3. **CCHD Screening Notes:** Just a place to put any other comments about the CCHD screening process, especially reasons why a baby was not screened.

Enter any information, as needed, and click the save button. You then have the option to "Add Note" for adding other types of notes. When you finish, use the "Close" button to return to the baby's demographics page.



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CCHD Fax Form

**Newborn Pulse Oximetry Screening For Critical Congenital Heart Disease
Failed Screen Reporting Form**

Date _____ Facility _____ MRN _____

Name (last, first)	DOB	Time of Birth (military)	
Gestational age (weeks)	Birth Weight	Gender	
Was a 2 nd trimester ultrasound performed? Yes No Don't Know		Infant's Primary Care Provider	

Screening Information	First Pulse Ox Screen	Second Pulse Ox Screen (if indicated)	Third Pulse Ox Screen (if indicated)
Right hand	%	%	%
Foot	%	%	%
Age in hours	Hrs	Hrs	Hrs

Was an echocardiogram performed? Y N Don't Know
If yes- date _____ Facility _____
Echocardiogram reviewed by: _____
Was telemedicine used to review this echocardiogram? Y N Don't know


Was the patient transferred? Y N
If yes- Where? (Facility name) _____ Date of transfer _____

Findings (please list **all** diagnoses and include ICD9 codes):

Comments: _____

Person completing form: _____

FAX COMPLETED FORM TO:
Montana Newborn Screening Program
Fax 406-444-2750
For questions call 406-444-3622



This form is found on our website:

<http://dphhs.mt.gov/publichealth/cshs/NewbornScreeningPrograms/CriticalCongenitalHeartDiseaseScreening/CCHDProviderResources>

Any time a child fails the CCHD screening process, please enter the failed screen result in HiTrack, then fill out this form and return it to our program. Even if you don't have all the information, fill out as much as you know and fax it in- we'll use it to help with follow up!



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Please contact us with any questions!! We are here to help!

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